## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR P	ATENT FE	E REFU	ND					
1 Date of Request: 6205	al/Pat	al/Patent # 10 518,518						
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
V Filing (FC 2632 40 26			12.20.04	\$ 50.00				
Amendment					\$			
Extension of Time					\$			
Notice of Appeal/Appeal				\$				
Petition				\$				
Issue				\$				
Cert of Correction/Termina	l Disc.				\$			
Maintenance					\$			
Assignment					\$			
Other	•				\$			
		7 TOTAL AMOUNT OF REFUND \$						
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
✓ Overpayment			<u>c</u>	redit Dep	osit A/C #:			
Duplicate Payment			9 6	15 0	1120			
No Fee Due (Explanation):	· ·	<u> </u>						
Jeo Code Correction	<u>ي</u>							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: 800	····	-		TITLE:				
signature: BAC		Replia	FINE (03/2005	BCAMPBEL 0018021700 bc:10518518 \$50.00 CR				
OFFICE: PCT 100/E0 FC: 9294 \$50.00 C								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

10/518518

CLAIMS AS FILED - PART I						SMALL ENT	TITY	OR	OTHER THAN SMALL ENTITY			
U.S. NATIONAL STAGE FEES		(Colum	<u>n 1)</u>	<u> </u>	(Column 2)	7	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		1	BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE				Satisfies PCT Article 33(1)- (4) = \$50 / \$100		All other situations = \$ 100 / \$ 200		EXAM. FEE	200	1	EXAM. FEE	
SEARCH FEE			ALL other cou	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		ther situations = 5 250 / \$ 500		SEARCH FEE	100		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 =	ĺ	X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			16 mir	nus 20 =	*			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			[ m	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT						+ \$ 180 =		OR	+ \$ 360 =			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	450	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN SMALL ENTITY		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	*	Minus	***		=	ł	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDM	Independent	*	Minus	***		= .		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =		
	_						_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	If the "Highest Nu If the "Highest Nu	mn 1 is less than the mber Previously Paic mber Previously Paid nber Previously Paid	i For" IN THIS SPA I For" IN THIS SPA	ACE is less ACE is less	than '20' than '3',	', enter "20". enter "3".	in the	appropriate box	in column 1.			